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REQUEST

FOR

CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: **Commissioner for Patents Box RCE** Washington, DC 20231

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Application Number	09/702,084	
Filing Date	October 30, 2000	
First Named Inventor	Mark Robert SIVIK et al.	71
Art Unit	1714	
Examiner Name	P.D. Niland	
Attorney Docket Number	APV31121	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June

1. Submission required under 37 CFR §1.114			
a. Previously submitted			
i. Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on			
(Any unentered amendment(s) referred to above will be entered).			
ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on			
iii. 🗆 Other			
t∳⊠ Enclosed			
i. 🗵 Amendment/Reply iii. 🖾 Information Disclosure Statement (IDS	S)		
ii. 🛛 Affidavit(s)/Declaration(s) iv. 🖾 Other Petition for Extension of Tim			
2. Miscellaneous			
a. Suspension of action on the above-identified application is requested under 37 CFI	R &1.103(c) for		
a period of months (Period of suspension shall not exceed 3 months; Fee under 37 CFR§1.1			
b. <u>U Oth</u> er	(1) 10441100)		
3. Fees The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.			
a. The Director is hereby authorized to charge the following fees, or credit any overpa	yments, to		
Deposit Account No. 19-4375			
i. RCE fee required under 37 CFR §1.17(e)			
ii. Extension of time fee (37 CFR §§1.136 and 1.17)			
iii. Other			
b. Check in the amount of \$ 1680.00 enclosed			
c. D Payment by credit card (Form PTO-2038 enclosed)			
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be included on this form. Provide credit card information and authorization on PTO-2	2038.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print / Type) Anthony P. Venturino / Registration No. (Attorney / Agent)	31,674		
Signature Date June 27, 2003			
CERTIFICATE OF MAILING OR TRANSMISSION			
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